

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 30 AM 10: 53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03192007 Chg-LP CR2E003 (12/06)

DOCUMENT # B03000000019					
1. Entity Name BROWARD MALL LIMITED PARTNERSHIP					
Principal Place of Business 5425 WISCONSIN AVE, SUITE 500 CHEVY CHASE, MD 20815			Mailing Address 5425 WISCONSIN AVE, SUITE 500 CHEVY CHASE, MD 20815		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4231765	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	BROWARD MALL OPERATING COMPANY, L.L.C.		STREET ADDRESS	5425 Wisconsin Avenue, Suite 500	
NAME	1300 WILSON BLVD. #400		CITY-ST-ZIP	Chevy Chevy, MD 20815	
STREET ADDRESS	ARLINGTON, VA 22209		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	500101245145 05/02/07--01054--026 **500.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
Mary Ellen Seravalli, EVP and Secretary of The Mills Corporation, General Partner of The Mills Limited Partnership, Broward Mall Operating Company, L.L.C., General Partner of Broward Mall Limited Partnership					
SIGNATURE: <u>Mary Ellen Seravalli</u>			Date: <u>04-11-07</u>		Daytime Phone #: <u>(301) 968-6601</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE